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Bib Data Sheet

CONFIRMATION NO. 4041

|   |   |                                   |  |   |
|---|---|-----------------------------------|--|---|
| <b>SERIAL NUMBER</b><br>10/827,324  | <b>FILING OR 371(c)<br/>DATE</b><br>04/20/2004<br><b>RULE</b>   | <b>CLASS</b><br>525               | <b>GROUP ART UNIT</b><br>1712  | <b>ATTORNEY<br/>DOCKET NO.</b><br>LC-487 US |
| <b>APPLICANTS</b><br>Shabbir Attarwala, Simsbury, CT;<br>Qinyan Zhu, Cheshire, CT;<br>Susan Lamtruong Levandoski, Bristol, CT;  |   |                                   |  |   |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/471,598 05/19/2003   |   |                                   |  |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                   |  |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/28/2004</b>  |   |                                   |  |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and<br>Acknowledged |   | <b>STATE OR<br/>COUNTRY</b><br>CT | <b>SHEETS<br/>DRAWING</b><br>2   | <b>TOTAL<br/>CLAIMS</b><br>25               |
| Examiner's Signature _____ Initials _____   |   |                                   |  | <b>INDEPENDENT<br/>CLAIMS</b><br>9          |
| <b>ADDRESS</b><br>31217   |   |                                   |  |   |
| <b>TITLE</b><br>Adhesive compositions free of metallic catalyst   |   |                                   |  |   |
| <b>FILING FEE<br/>RECEIVED</b><br>1576  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |